

If you are requesting an alternative number to be used in place of your Social Security Number please fill out the attached letter and send in with your enrollment form to:

Maricopa Benefits Office
301 West Jefferson
Suite #201
Phoenix, AZ 85003

Please fill out your Name under Member Name

Please read the letter to ensure you are aware of some of the implications of requesting an alternative identification number

In the box at the bottom of the page, please fill out your name again and certify the letter by signing and dating the bottom.

Send into the address on the top of the form

You will receive your alternate ID number once we have received your form

If you have any questions please call 602-506-1010.

Employee Name _____



Subject: Request for CIGNA-assigned Identification Number

Thank you for your recent request for a CIGNA HealthCare-assigned identification number.

Please be aware that Social Security numbers are the most reliable means of identifying an individual. One way we hope to continue to achieve this is by asking our participants to provide us with their Social Security numbers as this is the most reliable means of identifying an individual. It helps ensure all the information we receive from you in the course of administering benefits remains uniquely yours.

With your best interest in mind, we are informing you of some of the potential impacts associated with the use of an alternative identification number.

- The alternative identification number may match another individual's Social Security Number or an alternative identification number issued by another company.
- It does not eliminate the possibility of an individual accessing or misusing information related to that number.
- Because alternative identification numbers are assigned in a non-random system, they are more susceptible to fraud -- increasing the risk of uncovering your confidential information.

To reduce the many uncertainties associated with having an alternative identification number, we suggest you use your unique Social Security number. While we recognize your concerns, CIGNA HealthCare takes all necessary precautions to ensure the confidentiality and security of your Social Security Number.

Should you still wish CIGNA HealthCare to assign you an alternative identification number, please sign, date and return this form.

I, _____, request that CIGNA HealthCare assign an alternative identification number to me. I am aware of the potential impacts identified in this letter associated with the use of an identification number other than my Social Security number.

Signed: _____

Date: _____

Sincerely,

Judy Herz
Client Service Specialist

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